

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED

JAN 28 2011

Secretary of State
DEPT. OF STATE

Name of Candidate Greg Ward
Address 670 Hwy 4 West Ripley, MS. 38663
Telephone 662-837-4416 Fax _____
Contact Name _____ Email _____
Office Sought State Representative Political Party Dem.

☐ Check here if above is different from previous report

TYPE OF REPORT

____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
✓ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and
Political Committees
____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$2500 ⁰⁰ + \$200 ⁰⁰ =	\$2,700 ⁰⁰	\$2,700 ⁰⁰
Total amount of disbursements	\$1980 + \$2556 =	\$4,536 ⁰⁰	\$4,536 ⁰⁰
Total amount of cash on hand		\$2,717 ¹⁵	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Greg Ward
Signature of Candidate

1-27-2011
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Greg Ward
 Reporting period 1-1-2010 through 12-31-2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Monsanto Company</u>		<u>6/5/10</u>	\$ <u>500.00</u>
Mailing Address <u>800 N. Lindbergh</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>St. Louis, Mo. 6317</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&T Pac</u>		<u>8/6/10</u>	\$ <u>500.00</u>
Mailing Address <u>175 E Capital St.</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Jackson, Ms. 39201</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BNSF Railway Company</u>		<u>8/12/10</u>	\$ <u>250.00</u>
Mailing Address <u>2500 Lou Meek Drive</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Fort Worth, Tx 76131</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Chevron</u>		<u> </u> <u> </u> <u> </u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1300</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Pascagoula, Ms. 39568</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Greg Ward
 Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>WAL-PAC</u>	<u>9/29/10</u>	\$ <u>250.00</u>
Mailing Address <u>702 SW 8th St.</u>	___/___/___	\$
City, State, Zip Code <u>Beatonville, Ar. 72716-0150</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>Advance America</u>	___/___/___	\$ <u>250.00</u>
Mailing Address <u>735 N Church St.</u>	___/___/___	\$
City, State, Zip Code <u>Spartanburg, S.C. 29306</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Greg Ward
 Reporting period 1-1-2010 through 12-31-2010

ITEMIZED DISBURSEMENTS

A. Full name <u>Ad World Specialties</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>3403 Lanell Lane</u>	<u>1/0/10</u>	\$ <u>380⁰⁰</u>
City, State, Zip Code <u>Pearl, Ms. 39208</u>	<u>1/1/10</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>380⁰⁰</u>
B. Full name <u>T.V. 19 BKN</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>9900 Hwy 15</u>	<u>7/19/10</u>	\$ <u>275⁰⁰</u>
City, State, Zip Code <u>Ripley, Ms. 38663</u>	<u>1/1/10</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>275⁰⁰</u>
C. Full name <u>Dennis Grisham Campaign</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>5720 Hwy 370</u>	<u>11/23/10</u>	\$ <u>500⁰⁰</u>
City, State, Zip Code <u>Ripley, Ms. 38663</u>	<u>1/1/10</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>500⁰⁰</u>
D. Full name <u>Southern Sentinel</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>1701 City Av. North</u>	<u>1/8/10</u>	\$ <u>95⁰⁰</u>
City, State, Zip Code <u>Ripley, Ms. 38663</u>	<u>4/10/10</u>	\$ <u>100⁰⁰</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name <u>Southern Sentinel</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>4/18/10</u>	\$ <u>45⁰⁰</u>
City, State, Zip Code	<u>5/18/10</u>	\$ <u>295⁰⁰</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name <u>Southern Sentinel</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>9/2/10</u>	\$ <u>100⁰⁰</u>
City, State, Zip Code	<u>12/1/10</u>	\$ <u>190⁰⁰</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>825⁰⁰</u>